

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AD FILED		ADDITIONAL ASSIGNMENT		ADDITIONAL ASSIGNMENT										
	CHD	DEP	CHD	DEP	CHD	DEP		CHD	DEP	CHD	DEP	CHD	DEP	CHD	DEP
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TOTAL IND.	1						TOTAL IND.								
TOTAL DEP.	12						TOTAL DEP.								
TOTAL CLAIMS	13						TOTAL CLAIMS								